

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPSCS Code	Mod	Short Description	HCPSCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
10030		Guide Cathet Fluid Drainage	P	\$392.24	\$88.55		
10120		Remove Foreign Body	P	\$85.58	\$58.44		
10121		Remove Foreign Body		\$153.92	\$105.19		
10140		Drainage Of Hematoma/Fluid	P	\$91.72	\$66.96		
10160		Puncture Drainage Of Lesion	P	\$72.90	\$54.28		
10180		Complex Drainage Wound	P	\$138.67	\$101.43		
11000		Debride Infected Skin		\$30.51	\$16.24		
11001		Debride Infected Skin Add-On		\$12.08	\$8.12		
11010		Debride Skin At Fx Site	P	\$284.67	\$162.44		
11011		Debride Skin Musc At Fx Site	P	\$302.50	\$171.36		
11012		Deb Skin Bone At Fx Site	P	\$400.76	\$243.66		
11042		Deb Subq Tissue 20 Sq Cm/<		\$65.37	\$35.06		
11043		Deb Musc/Fascia 20 Sq Cm/<	P	\$128.37	\$88.75		
11044		Deb Bone 20 Sq Cm/<	P	\$177.10	\$131.74		
11045		Deb Subq Tissue Add-On		\$22.98	\$14.86		
11046		Deb Musc/Fascia Add-On	P	\$41.40	\$32.09		
11047		Deb Bone Add-On	P	\$70.33	\$57.05		
11100		Biopsy Skin Lesion	P	\$58.04	\$27.93		
11101		Biopsy Skin Add-On		\$18.42	\$14.26		
11200		Removal Of Skin Tags <w/15	P	\$49.72	\$41.80		
11201		Remove Skin Tags Add-On		\$10.70	\$9.51		
11310		Shave Skin Lesion 0.5 Cm/<	P	\$64.18	\$27.14		
11311		Shave Skin Lesion 0.6-1.0 Cm		\$62.40	\$37.44		
11440		Exc Face-Mm B9+Marg 0.5 Cm/<		\$75.48	\$58.24		
11441		Exc Face-Mm B9+Marg 0.6-1 Cm	P	\$94.30	\$74.29		
11442		Exc Face-Mm B9+Marg 1.1-2 Cm	P	\$105.59	\$82.41		
11443		Exc Face-Mm B9+Marg 2.1-3 Cm	P	\$125.99	\$101.23		
11444		Exc Face-Mm B9+Marg 3.1-4 Cm	P	\$158.48	\$129.16		
11446		Exc Face-Mm B9+Marg >4 Cm	P	\$220.09	\$185.42		
11640		Exc F/E/E/N/L Mal+Mrg 0.5cm<	P	\$112.72	\$71.12		
11641		Exc F/E/E/N/L Mal+Mrg 0.6-1	P	\$133.92	\$89.15		
11642		Exc F/E/E/N/L Mal+Mrg 1.1-2	P	\$152.93	\$105.19		
11643		Exc F/E/E/N/L Mal+Mrg 2.1-3	P	\$180.27	\$131.74		
11644		Exc F/E/E/N/L Mal+Mrg 3.1-4	P	\$222.07	\$162.84		
11646		Exc F/E/E/N/L Mal+Mrg >4 Cm	P	\$290.41	\$226.23		
11900		Inject Skin Lesions </W 7	P	\$31.30	\$17.83		
11901		Inject Skin Lesions >7	P	\$39.42	\$27.73		
11960		Insert Tissue Expander(S)	P	NA	\$540.02	Y	
11970		Replace Tissue Expander	P	NA	\$346.68	Y	
11971		Remove Tissue Expander(S)	P	\$264.07	\$180.47		
12001		Rpr S/N/Ax/Gen/Trnk 2.5cm/<	P	\$50.32	\$25.16		
12002		Rpr S/N/Ax/Gen/Trnk2.6-7.5cm	P	\$61.01	\$33.28		
12004		Rpr S/N/Ax/Gen/Trk7.6-12.5cm	P	\$71.71	\$41.60		
12005		Rpr S/N/A/Gen/Trk12.6-20.0cm	P	\$90.53	\$54.08		
12006		Rpr S/N/A/Gen/Trk20.1-30.0cm	P	\$106.97	\$66.56		
12007		Rpr S/N/Ax/Gen/Trnk >30.0 Cm	P	\$123.02	\$83.40		
12011		Rpr F/E/E/N/L/M 2.5 Cm/<	P	\$61.41	\$31.30		
12013		Rpr F/E/E/N/L/M 2.6-5.0 Cm		\$63.99	\$32.88		
12014		Rpr F/E/E/N/L/M 5.1-7.5 Cm		\$74.88	\$42.39		
12015		Rpr F/E/E/N/L/M 7.6-12.5 Cm	P	\$90.73	\$53.49		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
12016		Rpr Fe/E/En/L/M 12.6-20.0 Cm	P	\$114.70	\$72.90		
12017		Rpr Fe/E/En/L/M 20.1-30.0 Cm	P	NA	\$88.75		
12018		Rpr F/E/E/N/L/M >30.0 Cm	P	NA	\$100.44		
12031		Intmd Rpr S/A/T/Ext 2.5 Cm/<	P	\$133.52	\$87.36		
12032		Intmd Rpr S/A/T/Ext 2.6-7.5	P	\$170.56	\$111.33		
12034		Intmd Rpr S/Tr/Ext 7.6-12.5	P	\$175.52	\$118.46		
12035		Intmd Rpr S/A/T/Ext 12.6-20	P	\$214.15	\$136.89		
12036		Intmd Rpr S/A/T/Ext 20.1-30	P	\$236.93	\$159.07		
12037		Intmd Rpr S/Tr/Ext >30.0 Cm	P	\$271.00	\$187.60		
12041		Intmd Rpr N-Hf/Genit 2.5cm/<	P	\$133.32	\$85.98		
12042		Intmd Rpr N-Hf/Genit2.6-7.5	P	\$162.64	\$114.70		
12044		Intmd Rpr N-Hf/Genit7.6-12.5	P	\$201.86	\$122.62		
12045		Intmd Rpr N-Hf/Genit12.6-20	P	\$225.24	\$153.73		
12046		Intmd Rpr N-Hf/Genit20.1-30	P	\$267.44	\$176.31		
12047		Intmd Rpr N-Hf/Genit >30.0cm	P	\$308.44	\$210.78		
12051		Intmd Rpr Face/Mm 2.5 Cm/<	P	\$145.01	\$97.86		
12052		Intmd Rpr Face/Mm 2.6-5.0 Cm	P	\$165.41	\$116.68		
12053		Intmd Rpr Face/Mm 5.1-7.5 Cm	P	\$194.14	\$124.41		
12054		Intmd Rpr Face/Mm 7.6-12.5cm	P	\$202.46	\$126.98		
12055		Intmd Rpr Face/Mm 12.6-20 Cm	P	\$262.28	\$174.13		
12056		Intmd Rpr Face/Mm 20.1-30.0	P	\$275.76	\$195.13		
12057		Intmd Rpr Face/Mm >30.0 Cm	P	\$305.67	\$223.46		
13120		Cmplx Rpr S/A/L 1.1-2.5 Cm	P	\$196.91	\$135.10		
13121		Cmplx Rpr S/A/L 2.6-7.5 Cm	P	\$240.30	\$153.13		
13122		Cmplx Rpr S/A/L Addl 5 Cm/>	P	\$75.08	\$49.13		
13131		Cmplx Rpr F/C/C/M/N/Ax/G/H/F	P	\$216.92	\$143.23		
13132		Cmplx Rpr F/C/C/M/N/Ax/G/H/F	P	\$268.03	\$180.47		
13133		Cmplx Rpr F/C/C/M/N/Ax/G/H/F	P	\$100.83	\$75.48		
13151		Cmplx Rpr E/N/E/L 1.1-2.5 Cm	P	\$237.72	\$164.62		
13152		Cmplx Rpr E/N/E/L 2.6-7.5 Cm	P	\$285.26	\$199.68		
13153		Cmplx Rpr E/N/E/L Addl 5cm/<	P	\$109.55	\$81.22		
13160		Late Closure Of Wound	P	NA	\$457.21		
14020		Tis Trnfr S/A/L 10 Sq Cm/<	P	\$392.63	\$323.89		
14021		Tis Trnfr S/A/L 10.1-30 Sqcm	P	\$491.49	\$410.27		
14040		Tis Trnfr F/C/C/M/N/A/G/H/F	P	\$429.68	\$360.74		
14041		Tis Trnfr F/C/C/M/N/A/G/H/F	P	\$532.69	\$444.93		
14060		Tis Trnfr E/N/E/L 10 Sq Cm/<	P	\$438.40	\$384.31		
14061		Tis Trnfr E/N/E/L10.1-30sqcm	P	\$573.10	\$476.03		
14301		Tis Trnfr Any 30.1-60 Sq Cm	P	\$608.37	\$503.97		
14302		Tis Trnfr Addl 30 Sq Cm/<		\$126.78	\$126.78		
15050		Skin Pinch Graft	P	\$315.77	\$252.18		
15115		Epidrm A-Grft Face/Nck/Hf/G	P	\$453.05	\$396.79		
15116		Epidrm A-Grft F/N/Hf/G Addl	P	\$92.71	\$84.79		
15120		Skn Splt A-Grft Fac/Nck/Hf/G	P	\$480.00	\$397.39		
15121		Skn Splt A-Grft F/N/Hf/G Add	P	\$117.67	\$76.27		
15130		Derm Autograft Trnk/Arm/Leg	P	\$376.59	\$318.54		
15131		Derm Autograft T/A/L Add-On	P	\$51.11	\$46.95		
15135		Derm Autograft Face/Nck/Hf/G	P	\$474.25	\$417.40		
15136		Derm Autograft F/N/Hf/G Add	P	\$49.13	\$46.16		
15152		Cult Skin Graft T/A/L +%	P	\$83.80	\$78.84		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
15155		Cult Skin Graft F/N/Hf/G	P	\$405.91	\$376.59		
15156		Cult Skin Grft F/N/Hfg Add	P	\$92.71	\$87.96		
15157		Cult Epiderm Grft F/N/Hfg +%	P	\$104.40	\$97.66		
15220		Skin Full Graft Sclp/Arm/Leg	P	\$435.03	\$351.03		
15221		Skin Full Graft Add-On	P	\$76.86	\$41.01		
15240		Skin Full Grft Face/Genit/Hf	P	\$526.95	\$457.41		
15241		Skin Full Graft Add-On		\$104.00	\$63.79		
15260		Skin Full Graft Een & Lips	P	\$571.91	\$490.89		
15261		Skin Full Graft Add-On	P	\$121.24	\$80.23		
15574		Pedcle Fh/Ch/Ch/M/N/Ax/G/H/F	P	\$514.86	\$436.61		
15576		Pedicle E/N/E/L/Ntroral	P	\$455.04	\$382.53		
15620		Delay Flap F/C/C/N/Ax/G/H/F	P	\$246.04	\$184.63		
15630		Delay Flap Eye/Nos/Ear/Lip	P	\$258.52	\$197.11		
15740		Island Pedicle Flap Graft	P	\$575.08	\$486.73		
15750		Neurovascular Pedicle Flap	P	NA	\$522.39		
15756		Free Myo/Skin Flap Microvasc	P	NA	\$1,323.51		
15757		Free Skin Flap Microvasc	P	NA	\$1,305.08		
15758		Free Fascial Flap Microvasc	P	NA	\$1,308.85		
15760		Composite Skin Graft	P	\$481.58	\$404.12		
15786		Abrasion Lesion Single	P	\$137.88	\$77.46	Y	
15787		Abrasion Lesions Add-On	P	\$27.73	\$9.71	Y	
17000		Destruct Premalg Lesion		\$37.44	\$30.11		
17003		Destruct Premalg Les 2-14		\$3.17	\$1.39		
17004		Destroy Premal Lesions 15/>	P	\$84.39	\$56.66		
17106		Destruction Of Skin Lesions	P	\$193.15	\$157.69		
17107		Destruction Of Skin Lesions		\$243.86	\$196.91		
17108		Destruction Of Skin Lesions	P	\$362.92	\$301.31		
17110		Destruct B9 Lesion 1-14	P	\$62.20	\$39.62		
17111		Destruct Lesion 15 Or More	P	\$73.89	\$48.73		
17270		Destruction Of Skin Lesions	P	\$84.59	\$57.05		
17271		Destruction Of Skin Lesions	P	\$91.72	\$63.19		
17272		Destruction Of Skin Lesions	P	\$104.60	\$72.70		
17273		Destruction Of Skin Lesions	P	\$116.88	\$82.41		
17274		Destruction Of Skin Lesions	P	\$138.27	\$100.83		
17276		Destruction Of Skin Lesions	P	\$159.67	\$120.44		
17280		Destruction Of Skin Lesions	P	\$79.24	\$51.90		
17281		Destruction Of Skin Lesions	P	\$100.04	\$71.32		
17282		Destruction Of Skin Lesions	P	\$114.90	\$82.01		
17283		Destruction Of Skin Lesions	P	\$137.68	\$102.62		
17284		Destruction Of Skin Lesions	P	\$157.29	\$119.85		
17286		Destruction Of Skin Lesions	P	\$201.67	\$160.66		
17999		Skin Tissue Procedure		M	M		Documentation Required
20005		I&D Abscess Subfascial	P	\$175.91	\$133.52		
20100		Explore Wound Neck	P	NA	\$346.87		
20200		Muscle Biopsy		\$116.88	\$54.68		
20205		Deep Muscle Biopsy	P	\$163.23	\$89.34		
20206		Needle Biopsy Muscle	P	\$132.33	\$33.88		
20220		Bone Biopsy Trocar/Needle	P	\$94.49	\$41.20		
20240		Bone Biopsy Excisional	P	NA	\$87.36		
20500		Injection Of Sinus Tract	P	\$58.04	\$47.54		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
20501		Inject Sinus Tract For X-Ray	P	\$66.36	\$21.79		
20520		Removal Of Foreign Body	P	\$114.90	\$83.20		
20525		Removal Of Foreign Body	P	\$269.61	\$141.05		
20605		Drain/Inj Joint/Bursa w/o US	P	\$28.33	\$21.20		
20615		Treatment Of Bone Cyst	P	\$136.09	\$92.12		
20650		Insert And Remove Bone Pin	P	\$117.87	\$89.74		
20664		Application Of Halo	P	NA	\$501.99		
20665		Removal Of Fixation Device	P	\$59.83	\$51.51		
20670		Removal Of Support Implant		\$213.55	\$83.60		
20680		Removal Of Support Implant	P	\$349.05	\$240.89		
20900		Removal Of Bone For Graft	P	\$234.95	\$108.16		
20902		Removal Of Bone For Graft	P	NA	\$163.23		
20910		Remove Cartilage For Graft	P	NA	\$257.13		
20912		Remove Cartilage For Graft	P	NA	\$271.00		
20920		Removal Of Fascia For Graft	P	NA	\$224.25		
20922		Removal Of Fascia For Graft	P	\$334.39	\$278.53		
20924		Removal Of Tendon For Graft	P	NA	\$288.63		
20926		Removal Of Tissue For Graft	P	NA	\$240.69		
20956		Iliac Bone Graft Microvasc	P	NA	\$1,519.63		
20962		Other Bone Graft Microvasc	P	NA	\$1,228.62		
20982		Ablate Bone Tumor(S) Perq	P	\$958.41	\$211.17		
21010		Incision Of Jaw Joint	P	NA	\$431.46		
21011		Exc Face Les Sc <2 Cm	P	\$196.71	\$147.58		
21012		Exc face les sbq 2 cm/>		NA	\$193.15		
21013		Exc face tum deep < 2 cm		\$293.58	\$228.61		
21014		Exc face tum deep 2 cm/>		NA	\$297.15		
21015		Resect face/scalp tum < 2 cm	P	NA	\$403.13		
21016		Resect face/scalp tum 2 cm/>	P	NA	\$582.02		
21025		Excision of bone lower jaw	P	\$508.52	\$431.07		
21026		Excision of facial bone(s)	P	\$352.62	\$286.25		
21029		Contour of face bone lesion	P	\$437.80	\$365.30		
21030		Excise max/zygoma b9 tumor	P	\$296.36	\$239.70		
21031		Remove exostosis mandible	P	\$225.83	\$169.77		
21032		Remove exostosis maxilla	P	\$228.41	\$167.39		
21034		Excise max/zygoma mal tumor	P	\$750.40	\$663.04		
21040		Excise mandible lesion	P	\$298.34	\$239.90		
21044		Removal of jaw bone lesion	P	NA	\$500.00		
21045		Extensive jaw surgery	P	NA	\$700.09		
21046		Remove mandible cyst complex	P	NA	\$641.05		
21047		Excise lwr jaw cyst w/repair	P	NA	\$753.57		
21048		Remove maxilla cyst complex	P	NA	\$657.69		
21049		Excis uppr jaw cyst w/repair	P	NA	\$688.99		
21050		Removal Of Jaw Joint	P	NA	\$475.84		
21060		Remove Jaw Joint Cartilage	P	NA	\$458.21		
21070		Remove Coronoid Process	P	NA	\$346.87		
21073		Mnpj Of Tmj W/Anesth	P	\$226.82	\$146.79		
21076		Prepare Face/Oral Prosthesis	P	\$568.15	\$477.02		
21077		Prepare Face/Oral Prosthesis	P	\$1,434.84	\$1,208.61	Y	
21079		Prepare Face/Oral Prosthesis	P	\$966.73	\$805.28		
21080		Prepare Face/Oral Prosthesis	P	\$1,085.79	\$896.80		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
21081		Prepare Face/Oral Prosthesis	P	\$1,001.40	\$824.89		
21082		Prepare Face/Oral Prosthesis	P	\$944.14	\$769.02		
21083		Prepare Face/Oral Prosthesis	P	\$900.96	\$715.93		
21084		Prepare Face/Oral Prosthesis	P	\$1,032.89	\$829.44		
21085		Prepare Face/Oral Prosthesis	P	\$433.24	\$325.68		
21086		Prepare Face/Oral Prosthesis	P	\$1,066.17	\$894.82		
21087		Prepare Face/Oral Prosthesis	P	\$1,060.63	\$888.28		
21088		Prepare Face/Oral Prosthesis		M	M		Documentation Required
21089		Prepare Face/Oral Prosthesis		M	M	Y	
21100		Maxillofacial Fixation	P	\$473.46	\$231.58		
21116		Injection Jaw Joint X-Ray	P	\$83.00	\$25.36		
21120		Reconstruction Of Chin	P	\$340.93	\$272.19	Y	
21121		Reconstruction Of Chin	P	\$459.39	\$385.11	Y	
21122		Reconstruction Of Chin	P	NA	\$376.39	Y	
21123		Reconstruction Of Chin	P	NA	\$516.45	Y	
21125		Augmentation Lower Jaw Bone	P	\$1,812.81	\$420.57	Y	
21127		Augmentation Lower Jaw Bone	P	\$2,480.81	\$509.91	Y	
21141		Lefort I-1 Piece W/O Graft	P	NA	\$777.34		
21142		Lefort I-2 Piece W/O Graft	P	NA	\$823.90		
21143		Lefort I-3/> Piece W/O Graft	P	NA	\$838.36		
21145		Lefort I-1 Piece W/ Graft	P	NA	\$916.01		
21146		Lefort I-2 Piece W/ Graft	P	NA	\$954.25		
21147		Lefort I-3/> Piece W/ Graft	P	NA	\$961.38		
21150		Lefort li Anterior Intrusion	P	NA	\$993.27		
21151		Lefort li W/Bone Grafts	P	NA	\$1,151.36		
21154		Lefort lii W/O Lefort I	P	NA	\$1,076.67		
21155		Lefort lii W/ Lefort I	P	NA	\$1,194.74		
21159		Lefort lii W/Fhdw/O Lefort I	P	NA	\$1,500.21		
21160		Lefort lii W/Fhd W/ Lefort I	P	NA	\$1,554.89		
21182		Reconstruct Cranial Bone	P	NA	\$1,130.36		
21183		Reconstruct Cranial Bone	P	NA	\$1,273.98		
21184		Reconstruct Cranial Bone	P	NA	\$1,559.44		
21188		Reconstruction Of Midface	P	NA	\$932.46	Y	
21193		Reconst Lwr Jaw W/O Graft	P	NA	\$674.13	Y	
21194		Reconst Lwr Jaw W/Graft	P	NA	\$846.48	Y	
21195		Reconst Lwr Jaw W/O Fixation	P	NA	\$753.77	Y	
21196		Reconst Lwr Jaw W/Fixation	P	NA	\$850.44	Y	
21198		Reconstr Lwr Jaw Segment	P	NA	\$668.98	Y	
21199		Reconstr Lwr Jaw W/Advance	P	NA	\$577.86	Y	
21206		Reconstruct Upper Jaw Bone	P	NA	\$696.92	Y	
21208		Augmentation Of Facial Bones	P	\$1,047.75	\$481.38		
21209		Reduction Of Facial Bones	P	\$462.76	\$353.41	Y	
21210		Face Bone Graft	P	\$1,291.61	\$497.23		
21215		Lower Jaw Bone Graft	P	\$2,276.17	\$517.44		
21230		Rib Cartilage Graft	P	NA	\$425.12		
21240		Reconstruction Of Jaw Joint	P	NA	\$642.44		
21242		Reconstruction Of Jaw Joint	P	NA	\$591.13		
21243		Reconstruction Of Jaw Joint	P	NA	\$980.99		
21244		Reconstruction Of Lower Jaw	P	NA	\$608.17		
21245		Reconstruction Of Jaw	P	\$626.59	\$503.37		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
21246		Reconstruction Of Jaw	P	NA	\$505.75		
21247		Reconstruct Lower Jaw Bone	P	NA	\$876.39		
21248		Reconstruction Of Jaw	P	\$634.71	\$520.61	Y	
21249		Reconstruction Of Jaw	P	\$865.10	\$735.94	Y	
21255		Reconstruct Lower Jaw Bone	P	NA	\$791.81		
21256		Reconstruction Of Orbit	P	NA	\$686.22		
21260		Revise Eye Sockets	P	NA	\$712.76		
21261		Revise Eye Sockets	P	NA	\$1,204.84		
21263		Revise Eye Sockets	P	NA	\$1,112.73		
21267		Revise Eye Sockets	P	NA	\$903.34		
21268		Revise Eye Sockets	P	NA	\$994.26		
21270		Augmentation Cheek Bone	P	\$549.73	\$413.83	Y	
21295		Revision Of Jaw Muscle/Bone	P	NA	\$105.59		
21296		Revision Of Jaw Muscle/Bone	P	NA	\$252.58		
21299		Cranio/Maxillofacial Surgery		M	M		Documentation Required
21310		Closed Tx Nose Fx W/O Manj	P	\$74.68	\$15.45		
21315		Closed Tx Nose Fx W/O Stablj	P	\$155.71	\$85.98		
21320		Closed Tx Nose Fx W/ Stablj	P	\$144.41	\$76.66		
21325		Open Tx Nose Fx Uncomplicatd	P	NA	\$268.82		
21330		Open Tx Nose Fx W/Skele Fixj	P	NA	\$325.08		
21335		Open Tx Nose & Septal Fx	P	NA	\$410.86		
21337		Closed Tx Septal&Nose Fx	P	\$228.61	\$167.79		
21338		Open Nasoethmoid Fx W/O Fixj	P	NA	\$427.70		
21345		Closed Tx Nose/Jaw Fx	P	\$457.21	\$368.47		
21346		Opn Tx Nasomax Fx W/Fixj	P	NA	\$515.46		
21347		Opn Tx Nasomax Fx Multiple	P	NA	\$648.78		
21355		Perq Tx Malar Fracture	P	\$255.15	\$190.18		
21356		Opn Tx Dprsds Zygomatic Arch	P	\$284.67	\$215.33		
21360		Opn Tx Dprsds Malar Fracture	P	NA	\$307.65		
21365		Opn Tx Complx Malar Fx	P	NA	\$635.11		
21366		Opn Tx Complx Malar W/Grft	P	NA	\$645.81		
21385		Opn Tx Orbit Fx Transantral	P	NA	\$385.50		
21386		Opn Tx Orbit Fx Periorbital	P	NA	\$396.00		
21387		Opn Tx Orbit Fx Combined	P	NA	\$403.13		
21390		Opn Tx Orbit Periorbtl Implt		NA	\$452.66		
21395		Opn Tx Orbit Periorbt W/Grft	P	NA	\$577.07		
21400		Closed Tx Orbit W/O Manipulj	P	\$108.96	\$88.75		
21401		Closed Tx Orbit W/ Manipulj	P	\$275.56	\$173.34		
21406		Opn Tx Orbit Fx W/O Implant	P	NA	\$325.48		
21407		Opn Tx Orbit Fx W/Implant	P	NA	\$367.87		
21408		Opn Tx Orbit Fx W/Bone Grft	P	NA	\$509.12		
21421		Treat Mouth Roof Fracture	P	\$481.18	\$398.58		
21422		Treat Mouth Roof Fracture	P	NA	\$386.30		
21423		Treat Mouth Roof Fracture	P	NA	\$450.68		
21431		Treat Craniofacial Fracture	P	NA	\$418.39		
21432		Treat Craniofacial Fracture	P	NA	\$388.08		
21433		Treat Craniofacial Fracture	P	NA	\$993.08		
21435		Treat Craniofacial Fracture	P	NA	\$725.05		
21436		Treat Craniofacial Fracture	P	NA	\$1,084.40		
21440		Treat Dental Ridge Fracture	P	\$329.44	\$268.03		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
21445		Treat Dental Ridge Fracture	P	\$437.60	\$356.98		
21450		Treat Lower Jaw Fracture	P	\$351.83	\$282.29		
21451		Treat Lower Jaw Fracture	P	\$467.91	\$386.10		
21452		Treat Lower Jaw Fracture	P	\$324.49	\$191.96		
21453		Treat Lower Jaw Fracture	P	\$519.81	\$445.92		
21454		Treat Lower Jaw Fracture	P	NA	\$329.64		
21461		Treat Lower Jaw Fracture	P	\$1,214.95	\$536.85		
21462		Treat Lower Jaw Fracture	P	\$1,291.81	\$598.86		
21465		Treat Lower Jaw Fracture	P	NA	\$537.45		
21470		Treat Lower Jaw Fracture	P	NA	\$690.18		
21480		Reset Dislocated Jaw	P	\$55.67	\$18.23		
21485		Reset Dislocated Jaw	P	\$397.78	\$333.40		
21490		Repair Dislocated Jaw	P	NA	\$524.57		
21495		Treat Hyoid Bone Fracture	D	NA	\$403.93		
21499		Head Surgery Procedure		M	M		Documentation Required
21501		Drain Neck/Chest Lesion	P	\$255.75	\$182.45		
21510		Drainage Of Bone Lesion	P	NA	\$254.76		
21552		Exc Neck Les Sc 3 Cm/>	P	NA	\$254.56		
21554		Exc Neck Tum Deep 5 Cm/>	P	NA	\$417.40		
21555		Exc Neck Les Sc < 3 Cm	P	\$234.75	\$174.33		
21556		Exc Neck Tum Deep < 5 Cm	P	NA	\$301.51		
21558		Resect Neck Tumor 5 Cm/>	P	NA	\$768.63		
21685		Hyoid Myotomy & Suspension	P	NA	\$566.37		
29800		Jaw Arthroscopy/Surgery	P	NA	\$300.52		
30400		Reconstruction Of Nose	P	NA	\$567.16	Y	
30410		Reconstruction Of Nose	P	NA	\$660.66	Y	
30420		Reconstruction Of Nose	P	NA	\$769.82	Y	
30430		Revision Of Nose	P	NA	\$480.59	Y	
30435		Revision Of Nose	P	NA	\$707.02	Y	
30450		Revision Of Nose	P	NA	\$838.56	Y	
30460		Revision Of Nose	P	NA	\$459.39		
30462		Revision Of Nose	P	NA	\$793.39		
30465		Repair Nasal Stenosis	P	NA	\$550.92		
30520		Repair Of Nasal Septum	P	NA	\$349.65		
30540		Repair Nasal Defect	P	NA	\$388.67		
30545		Repair Nasal Defect	P	NA	\$498.82		
30560		Release Of Nasal Adhesions	P	\$149.96	\$77.06		
30580		Repair Upper Jaw Fistula	P	\$369.46	\$290.81		
30600		Repair Mouth/Nose Fistula	P	\$320.33	\$241.29		
30905		Control Of Nosebleed	P	\$152.34	\$60.42		
30906		Repeat Control Of Nosebleed	P	\$194.93	\$77.85		
30920		Ligation Upper Jaw Artery	P	NA	\$470.29		
30999		Nasal Surgery Procedure		M	M		Documentation Required
31000		Irrigation Maxillary Sinus	P	\$103.21	\$59.63		
31002		Irrigation Sphenoid Sinus	P	NA	\$106.97		
31020		Exploration Maxillary Sinus	P	\$272.39	\$202.46		
31030		Exploration Maxillary Sinus	P	\$387.88	\$297.74		
31032		Explore Sinus Remove Polyps	P	NA	\$322.90		
31040		Exploration Behind Upper Jaw	P	NA	\$428.89		
31225		Removal Of Upper Jaw	P	NA	\$1,058.45		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPSCS Code	Mod	Short Description	HCPSCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
31230		Removal Of Upper Jaw	P	NA	\$1,165.03		
31231		Nasal Endoscopy Dx	P	\$117.28	\$36.85		
31500		Insert Emergency Airway	P	NA	\$80.63		
31551		Laryngoplasty laryngeal sten	A	NA	\$807.06		0 through 11 years
31552		Laryngoplasty laryngeal sten	A	NA	\$815.97		12 through 124 years
31553		Laryngoplasty laryngeal sten	A	NA	\$889.67		0 through 11 years
31554		Laryngoplasty laryngeal sten	A	NA	\$936.81		12 through 124 years
31572		Largsc w/laser dstrij les	A	\$280.31	\$103.21		
31573		Largsc w/ther injection	A	\$149.17	\$85.18		
31574		Largsc w/njx augmentation	A	\$577.66	\$85.18		
31591		Laryngoplasty medialization	A	NA	\$591.33		
31592		Cricotracheal resection	A	NA	\$956.82		
31603		Incision Of Windpipe	P	NA	\$127.58		
31605		Incision Of Windpipe		NA	\$105.39		
31612		Puncture/Clear Windpipe	P	\$46.95	\$27.54		
35800		Explore Neck Vessels	P	NA	\$413.04		
38300		Drainage Lymph Node Lesion	P	\$153.33	\$103.61		
38305		Drainage Lymph Node Lesion	P	NA	\$261.89		
38500		Biopsy/Removal Lymph Nodes	P	\$188.00	\$145.41		
38505		Needle Biopsy Lymph Nodes	P	\$71.12	\$40.81		
38510		Biopsy/Removal Lymph Nodes	P	\$294.57	\$240.10		
38700		Removal Of Lymph Nodes Neck	P	NA	\$459.39		
38720		Removal Of Lymph Nodes Neck	P	NA	\$766.85		
38724		Removal Of Lymph Nodes Neck	P	NA	\$828.65		
40490		Biopsy Of Lip	P	\$73.10	\$42.20		
40500		Partial Excision Of Lip	P	\$287.64	\$208.40		
40510		Partial Excision Of Lip	P	\$275.36	\$204.24		
40520		Partial Excision Of Lip	P	\$278.33	\$205.23		
40525		Reconstruct Lip With Flap	P	NA	\$315.57		
40527		Reconstruct Lip With Flap	P	NA	\$356.78		
40530		Partial Removal Of Lip	P	\$305.27	\$229.99		
40650		Repair Lip	P	\$249.21	\$170.96		
40652		Repair Lip	P	\$279.52	\$202.66		
40654		Repair Lip	P	\$325.48	\$244.46		
40700		Repair Cleft Lip/Nasal	P	NA	\$578.45		
40701		Repair Cleft Lip/Nasal	P	NA	\$685.43		
40702		Repair Cleft Lip/Nasal	P	NA	\$516.64		
40720		Repair Cleft Lip/Nasal	P	NA	\$571.32		
40761		Repair Cleft Lip/Nasal	P	NA	\$555.67		
40799		Lip Surgery Procedure		M	M		Documentation Required
40800		Drainage Of Mouth Lesion	P	\$122.03	\$76.27		
40801		Drainage Of Mouth Lesion	P	\$180.87	\$128.96		
40804		Removal Foreign Body Mouth	P	\$105.19	\$65.57		
40805		Removal Foreign Body Mouth	P	\$184.83	\$134.91		
40806		Incision Of Lip Fold	P	\$59.83	\$19.02		
40808		Biopsy Of Mouth Lesion	P	\$106.78	\$62.60		
40810		Excision Of Mouth Lesion	P	\$118.27	\$73.69		
40812		Excise/Repair Mouth Lesion	P	\$166.01	\$114.50		
40814		Excise/Repair Mouth Lesion	P	\$222.07	\$176.90		
40816		Excision Of Mouth Lesion	P	\$231.38	\$183.24		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
40818		Excise Oral Mucosa For Graft		\$206.82	\$158.08		
40819		Excise Lip Or Cheek Fold	P	\$181.86	\$139.07		
40820		Treatment Of Mouth Lesion	P	\$152.34	\$99.84		
40830		Repair Mouth Laceration	P	\$153.73	\$96.08		
40831		Repair Mouth Laceration	P	\$193.74	\$130.35		
40840		Reconstruction Of Mouth	P	\$462.96	\$360.54	Y	
40842		Reconstruction Of Mouth	P	\$468.31	\$374.21	Y	
40843		Reconstruction Of Mouth	P	\$621.64	\$492.48	Y	
40844		Reconstruction Of Mouth	P	\$737.92	\$602.42	Y	
40845		Reconstruction Of Mouth	P	\$834.79	\$703.45	Y	
40899		Mouth Surgery Procedure		M	M		Documentation Required
41000		Drainage Of Mouth Lesion	P	\$92.91	\$64.78		
41005		Drainage Of Mouth Lesion	P	\$129.76	\$71.91		
41006		Drainage Of Mouth Lesion	P	\$222.27	\$156.30		
41007		Drainage Of Mouth Lesion	P	\$219.10	\$151.55		
41008		Drainage Of Mouth Lesion	P	\$218.90	\$156.90		
41009		Drainage Of Mouth Lesion	P	\$232.37	\$170.37		
41010		Incision Of Tongue Fold	P	\$114.30	\$61.61		
41015		Drainage Of Mouth Lesion	P	\$261.69	\$203.45		
41016		Drainage Of Mouth Lesion	P	\$253.96	\$204.04		
41017		Drainage Of Mouth Lesion	P	\$257.13	\$205.43		
41018		Drainage Of Mouth Lesion	P	\$291.60	\$239.50		
41100		Biopsy Of Tongue	P	\$96.08	\$62.01		
41105		Biopsy Of Tongue	P	\$97.86	\$64.58		
41108		Biopsy Of Floor Of Mouth	P	\$84.79	\$52.30		
41110		Excision Of Tongue Lesion	P	\$121.24	\$75.67		
41112		Excision Of Tongue Lesion	P	\$192.36	\$146.59		
41113		Excision Of Tongue Lesion	P	\$210.58	\$162.24		
41114		Excision Of Tongue Lesion	P	NA	\$366.29		
41115		Excision Of Tongue Fold	P	\$140.65	\$83.40		
41116		Excision Of Mouth Lesion	P	\$189.98	\$127.18		
41120		Partial Removal Of Tongue	P	NA	\$621.04		
41130		Partial Removal Of Tongue	P	NA	\$764.27		
41135		Tongue And Neck Surgery	P	NA	\$1,256.94		
41140		Removal Of Tongue	P	NA	\$1,266.45		
41145		Tongue Removal Neck Surgery	P	NA	\$1,601.04		
41150		Tongue Mouth Jaw Surgery	P	NA	\$1,272.59		
41153		Tongue Mouth Neck Surgery	P	NA	\$1,383.73		
41155		Tongue Jaw & Neck Surgery	P	NA	\$1,743.48		
41250		Repair Tongue Laceration	P	\$152.74	\$88.35		
41251		Repair Tongue Laceration	P	\$164.03	\$104.40		
41252		Repair Tongue Laceration		\$181.46	\$121.83		
41500		Fixation Of Tongue	P	NA	\$258.72		
41510		Tongue To Lip Surgery	P	NA	\$244.26		
41512		Tongue Suspension	P	NA	\$379.76		
41520		Reconstruction Tongue Fold	P	\$202.46	\$148.97		
41530		Tongue Base Vol Reduction	P	\$556.86	\$215.53		
41599		Tongue And Mouth Surgery		M	M		Documentation Required
41800		Drainage Of Gum Lesion	P	\$158.08	\$85.38		
41805		Removal Foreign Body Gum	P	\$141.64	\$98.65		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
41806		Removal Foreign Body Jawbone	P	\$203.45	\$150.36		
41820		Excision Gum Each Quadrant		M	M		
41821		Excision Of Gum Flap		M	M		Documentation Required
41822		Excision Of Gum Lesion	P	\$180.67	\$107.37		
41823		Excision Of Gum Lesion	P	\$263.87	\$193.74		
41825		Excision Of Gum Lesion	P	\$121.83	\$70.72		
41826		Excision Of Gum Lesion	P	\$181.86	\$123.81		
41827		Excision Of Gum Lesion	P	\$254.56	\$179.08		
41828		Excision Of Gum Lesion	P	\$177.30	\$124.41		
41830		Removal Of Gum Tissue	P	\$226.63	\$164.82	Y	
41850		Treatment Of Gum Lesion		M	M		
41870		Gum Graft		M	M	Y	Documentation Required
41872		Repair Gum	P	\$216.52	\$152.54		
41874		Repair Tooth Socket	P	\$218.70	\$149.57		
41899		Dental Surgery Procedure		M	M		Documentation Required
42000		Drainage Mouth Roof Lesion	P	\$91.32	\$60.02		
42100		Biopsy Roof Of Mouth	P	\$85.98	\$63.00		
42104		Excision Lesion Mouth Roof	P	\$123.42	\$80.23		
42106		Excision Lesion Mouth Roof	P	\$157.49	\$103.61		
42107		Excision Lesion Mouth Roof	P	\$264.66	\$199.68		
42120		Remove Palate/Lesion	P	NA	\$584.40		
42140		Excision Of Uvula	P	\$143.82	\$88.55		
42145		Repair Palate Pharynx/Uvula	P	NA	\$402.54		
42160		Treatment Mouth Roof Lesion	P	\$132.73	\$84.59		
42180		Repair Palate	P	\$138.87	\$104.99		
42182		Repair Palate	P	\$182.65	\$146.59		
42200		Reconstruct Cleft Palate	P	NA	\$488.32		
42205		Reconstruct Cleft Palate	P	NA	\$522.19		
42210		Reconstruct Cleft Palate	P	NA	\$595.69		
42215		Reconstruct Cleft Palate	P	NA	\$415.22		
42220		Reconstruct Cleft Palate	P	NA	\$302.70		
42225		Reconstruct Cleft Palate	P	NA	\$499.61		
42226		Lengthening Of Palate	P	NA	\$518.82		
42227		Lengthening Of Palate	P	NA	\$488.71		
42235		Repair Palate	P	NA	\$417.59		
42260		Repair Nose To Lip Fistula	P	\$480.19	\$399.96		
42280		Preparation Palate Mold	P	\$93.90	\$63.99		
42281		Insertion Palate Prosthesis	P	\$116.68	\$86.37		
42299		Palate/Uvula Surgery		M	M		Documentation Required
42300		Drainage Of Salivary Gland	P	\$119.06	\$87.36		
42305		Drainage Of Salivary Gland	P	NA	\$247.43		
42310		Drainage Of Salivary Gland	P	\$91.72	\$70.92		
42320		Drainage Of Salivary Gland	P	\$141.25	\$99.84		
42330		Removal Of Salivary Stone	P	\$132.33	\$94.49		
42335		Removal Of Salivary Stone	P	\$213.16	\$147.58		
42340		Removal Of Salivary Stone	P	\$265.45	\$193.15		
42400		Biopsy Of Salivary Gland	P	\$59.83	\$31.50		
42405		Biopsy Of Salivary Gland	P	\$170.17	\$129.56		
42408		Excision Of Salivary Cyst	P	\$258.72	\$187.20		
42409		Drainage Of Salivary Cyst	P	\$189.78	\$127.18		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
42410		Excise Parotid Gland/Lesion	P	NA	\$355.19		
42415		Excise Parotid Gland/Lesion	P	NA	\$603.21		
42420		Excise Parotid Gland/Lesion	P	NA	\$676.91		
42425		Excise Parotid Gland/Lesion	P	NA	\$477.42		
42426		Excise Parotid Gland/Lesion	P	NA	\$771.40		
42440		Excise Submaxillary Gland	P	NA	\$235.14		
42450		Excise Sublingual Gland	P	\$258.12	\$205.23		
42500		Repair Salivary Duct	P	\$247.43	\$195.92		
42505		Repair Salivary Duct	P	\$316.37	\$258.92		
42507		Parotid Duct Diversion	P	NA	\$287.05		
42509		Parotid Duct Diversion	P	NA	\$482.37		
42510		Parotid Duct Diversion	P	NA	\$369.06		
42550		Injection For Salivary X-Ray		\$76.66	\$36.25		
42600		Closure Of Salivary Fistula	P	\$268.43	\$196.32		
42650		Dilation Of Salivary Duct	P	\$47.54	\$33.68		
42660		Dilation Of Salivary Duct	P	\$73.30	\$51.51		
42665		Ligation Of Salivary Duct	P	\$179.87	\$119.06		
42699		Salivary Surgery Procedure		M	M		Documentation Required
42700		Drainage Of Tonsil Abscess	P	\$107.77	\$77.46		
42720		Drainage Of Throat Abscess	P	\$258.52	\$224.05		
42725		Drainage Of Throat Abscess	P	NA	\$469.50		
42800		Biopsy Of Throat	P	\$90.14	\$63.99		
42804		Biopsy Of Upper Nose/Throat	P	\$110.94	\$64.58		
42806		Biopsy Of Upper Nose/Throat	P	\$124.60	\$75.28		
42808		Excise Pharynx Lesion	P	\$129.16	\$92.71		
42810		Excision Of Neck Cyst	P	\$220.09	\$165.02		
42815		Excision Of Neck Cyst	P	NA	\$319.34		
42870		Excision Of Lingual Tonsil	P	NA	\$342.91		
42894		Revision Of Pharyngeal Walls	P	NA	\$1,372.44		
42900		Repair Throat Wound	P	NA	\$193.35		
42950		Reconstruction Of Throat	P	NA	\$470.88		
64400		N Block Inj Trigeminal	P	\$71.91	\$40.61		
64402		N Block Inj Facial	P	\$75.48	\$45.96		
64505		N Block Sphenopalatine Gangl	P	\$59.63	\$49.92		
64600		Injection Treatment Of Nerve	P	\$221.48	\$125.60		
64605		Injection Treatment Of Nerve	P	\$343.31	\$197.31		
64610		Injection Treatment Of Nerve	P	\$422.75	\$282.29		
64612		Destroy Nerve Face Muscle	P	\$73.89	\$66.36		
64615		Chemodenerv Musc Migraine	P	\$82.41	\$71.71		
64616		Chemodenerv Musc Neck Dyston	P	\$72.31	\$63.00		
64617		Chemodener Muscle Larynx Emg	P	\$101.43	\$67.55		
64640		Injection Treatment Of Nerve	P	\$74.29	\$52.69		
64722		Relieve Pressure On Nerve(S)	P	NA	\$206.62		
64727		Internal Nerve Revision	P	NA	\$105.98		
64732		Incision Of Brow Nerve	P	NA	\$213.95		
64734		Incision Of Cheek Nerve	P	NA	\$288.43		
64736		Incision Of Chin Nerve	P	NA	\$221.28		
64738		Incision Of Jaw Nerve	P	NA	\$262.09		
64740		Incision Of Tongue Nerve	P	NA	\$257.13		
64742		Incision Of Facial Nerve	P	NA	\$258.72		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
64744		Incise Nerve Back Of Head	P	NA	\$281.10		
64774		Remove Skin Nerve Lesion	P	NA	\$235.94		
64784		Remove Nerve Lesion	P	NA	\$415.61		
64788		Remove Skin Nerve Lesion	P	NA	\$227.22		
64795		Biopsy Of Nerve	P	NA	\$111.13		
64864		Repair Of Facial Nerve	P	NA	\$502.18		
64865		Repair Of Facial Nerve	P	NA	\$636.30		
64866		Fusion Of Facial/Other Nerve	P	NA	\$652.54		
64868		Fusion Of Facial/Other Nerve	P	NA	\$589.55		
64872		Subsequent Repair Of Nerve	P	NA	\$67.16		
64874		Repair & Revise Nerve Add-On	P	NA	\$94.30		
64885		Nerve Graft Head/Neck <4 Cm	P	NA	\$648.98		
64886		Nerve Graft Head/Neck >4 Cm	P	NA	\$742.48		
64901		Nerve Graft Add-On	P	NA	\$318.94		
64902		Nerve Graft Add-On	P	NA	\$373.22		
64905		Nerve Pedicle Transfer	P	NA	\$590.54		
64907		Nerve Pedicle Transfer	P	NA	\$759.52		
64999		Nervous System Surgery		M	M		Documentation Required
67914		Repair Eyelid Defect	P	\$262.68	\$184.03		
67916		Repair Eyelid Defect	P	\$331.42	\$242.47		
67917		Repair Eyelid Defect	P	\$337.36	\$257.53		
67921		Repair Eyelid Defect		\$257.13	\$174.33		
67923		Repair Eyelid Defect	P	\$330.83	\$242.08		
67924		Repair Eyelid Defect	P	\$352.62	\$257.53		
69220		Clean Out Mastoid Cavity	P	\$50.71	\$29.32		
69720		Release Facial Nerve	P	NA	\$690.38		
69725		Release Facial Nerve	P	NA	\$1,066.77		
69740		Repair Facial Nerve	P	NA	\$677.70		
69745		Repair Facial Nerve	P	NA	\$664.82		
69955		Release Facial Nerve	P	NA	\$1,119.27		
69990		Microsurgery Add-On	P	NA	\$127.38		
70100		X-Ray Exam Of Jaw <4views	P	\$18.42	NA		
70100	TC	X-Ray Exam Of Jaw <4views	P	\$13.27	NA		
70100	26	X-Ray Exam Of Jaw <4views		\$5.15	\$5.15		
70110		X-Ray Exam Of Jaw 4/> Views	P	\$21.20	NA		
70110	TC	X-Ray Exam Of Jaw 4/> Views	P	\$14.07	NA		
70110	26	X-Ray Exam Of Jaw 4/> Views		\$7.13	\$7.13		
70120		X-Ray Exam Of Mastoids		\$18.82	NA		
70120	TC	X-Ray Exam Of Mastoids		\$13.67	NA		
70120	26	X-Ray Exam Of Mastoids		\$5.15	\$5.15		
70130		X-Ray Exam Of Mastoids	P	\$30.51	NA		
70130	TC	X-Ray Exam Of Mastoids	P	\$20.80	NA		
70130	26	X-Ray Exam Of Mastoids		\$9.71	\$9.71		
70134		X-Ray Exam Of Middle Ear	P	\$28.92	NA		
70134	TC	X-Ray Exam Of Middle Ear	P	\$19.02	NA		
70134	26	X-Ray Exam Of Middle Ear		\$9.91	\$9.91		
70140		X-Ray Exam Of Facial Bones	P	\$16.64	NA		
70140	TC	X-Ray Exam Of Facial Bones	P	\$10.70	NA		
70140	26	X-Ray Exam Of Facial Bones		\$5.94	\$5.94		
70150		X-Ray Exam Of Facial Bones	P	\$23.18	NA		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
70150	TC	X-Ray Exam Of Facial Bones	P	\$15.65	NA		
70150	26	X-Ray Exam Of Facial Bones		\$7.53	\$7.53		
70160		X-Ray Exam Of Nasal Bones	P	\$18.23	NA		
70160	TC	X-Ray Exam Of Nasal Bones	P	\$13.27	NA		
70160	26	X-Ray Exam Of Nasal Bones		\$4.95	\$4.95		
70170		X-Ray Exam Of Tear Duct	P	\$30.43	NA		
70170	TC	X-Ray Exam Of Tear Duct	P	\$21.40	NA		
70170	26	X-Ray Exam Of Tear Duct		\$8.52	\$8.52		
70190		X-Ray Exam Of Eye Sockets		\$19.81	NA		
70190	TC	X-Ray Exam Of Eye Sockets		\$13.47	NA		
70190	26	X-Ray Exam Of Eye Sockets		\$6.34	\$6.34		
70200		X-Ray Exam Of Eye Sockets	P	\$23.57	NA		
70200	TC	X-Ray Exam Of Eye Sockets	P	\$15.65	NA		
70200	26	X-Ray Exam Of Eye Sockets		\$7.92	\$7.92		
70210		X-Ray Exam Of Sinuses	P	\$16.64	NA		
70210	TC	X-Ray Exam Of Sinuses	P	\$11.69	NA		
70210	26	X-Ray Exam Of Sinuses		\$4.95	\$4.95		
70220		X-Ray Exam Of Sinuses	P	\$21.00	NA		
70220	TC	X-Ray Exam Of Sinuses	P	\$13.87	NA		
70220	26	X-Ray Exam Of Sinuses		\$7.13	\$7.13		
70240		X-Ray Exam Pituitary Saddle	P	\$16.84	NA		
70240	TC	X-Ray Exam Pituitary Saddle	P	\$11.29	NA		
70240	26	X-Ray Exam Pituitary Saddle		\$5.55	\$5.55		
70250		X-Ray Exam Of Skull	P	\$20.21	NA		
70250	TC	X-Ray Exam Of Skull	P	\$13.07	NA		
70250	26	X-Ray Exam Of Skull		\$7.13	\$7.13		
70260		X-Ray Exam Of Skull	P	\$25.55	NA		
70260	TC	X-Ray Exam Of Skull	P	\$15.65	NA		
70260	26	X-Ray Exam Of Skull		\$9.91	\$9.91		
70300		X-Ray Exam Of Teeth		\$8.32	NA		
70300	TC	X-Ray Exam Of Teeth		\$4.95	NA		
70300	26	X-Ray Exam Of Teeth		\$3.37	\$3.37		
70310		X-Ray Exam Of Teeth	P	\$20.21	NA		
70310	TC	X-Ray Exam Of Teeth	P	\$15.65	NA		
70310	26	X-Ray Exam Of Teeth		\$4.56	\$4.56		
70320		Full Mouth X-Ray Of Teeth	P	\$29.72	NA		
70320	TC	Full Mouth X-Ray Of Teeth	P	\$22.78	NA		
70320	26	Full Mouth X-Ray Of Teeth	P	\$6.93	\$6.93		
70328		X-Ray Exam Of Jaw Joint		\$17.04	NA		
70328	TC	X-Ray Exam Of Jaw Joint		\$11.89	NA		
70328	26	X-Ray Exam Of Jaw Joint		\$5.15	\$5.15		
70330		X-Ray Exam Of Jaw Joints	P	\$26.94	NA		
70330	TC	X-Ray Exam Of Jaw Joints	P	\$19.81	NA		
70330	26	X-Ray Exam Of Jaw Joints		\$7.13	\$7.13		
70332		X-Ray Exam Of Jaw Joint	P	\$44.77	NA		
70332	TC	X-Ray Exam Of Jaw Joint	P	\$27.34	NA		
70332	26	X-Ray Exam Of Jaw Joint	P	\$17.43	\$17.43		
70336		Magnetic Image Jaw Joint	P	\$179.87	NA		
70336	TC	Magnetic Image Jaw Joint	P	\$138.27	NA		
70336	26	Magnetic Image Jaw Joint		\$41.60	\$41.60		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
70350		X-Ray Head For Orthodontia		\$11.09	NA		
70350	TC	X-Ray Head For Orthodontia		\$5.35	NA		
70350	26	X-Ray Head For Orthodontia		\$5.74	\$5.74		
70355		Panoramic X-Ray Of Jaws	P	\$11.69	NA		
70355	TC	Panoramic X-Ray Of Jaws	P	\$5.35	NA		
70355	26	Panoramic X-Ray Of Jaws		\$6.34	\$6.34		
70380		X-Ray Exam Of Salivary Gland		\$20.01	NA		
70380	TC	X-Ray Exam Of Salivary Gland		\$14.86	NA		
70380	26	X-Ray Exam Of Salivary Gland		\$5.15	\$5.15		
70390		X-Ray Exam Of Salivary Duct		\$52.30	NA		
70390	TC	X-Ray Exam Of Salivary Duct		\$41.60	NA		
70390	26	X-Ray Exam Of Salivary Duct		\$10.70	\$10.70		
70490		Ct Soft Tissue Neck W/O Dye	P	\$107.96	NA		
70490	TC	Ct Soft Tissue Neck W/O Dye	P	\$71.71	NA		
70490	26	Ct Soft Tissue Neck W/O Dye		\$36.25	\$36.25		
70540		Mri Orbit/Face/Neck W/O Dye	P	\$168.98	NA		
70540	TC	Mri Orbit/Face/Neck W/O Dye	P	\$130.94	NA		
70540	26	Mri Orbit/Face/Neck W/O Dye		\$38.04	\$38.04		
70542		Mri Orbit/Face/Neck W/Dye	P	\$189.78	NA		
70542	TC	Mri Orbit/Face/Neck W/Dye	P	\$143.82	NA		
70542	26	Mri Orbit/Face/Neck W/Dye	P	\$45.96	\$45.96		
80197		Assay Of Tacrolimus		\$10.24	NA		
82040		Assay Of Serum Albumin		\$3.03	NA		
82247		Bilirubin Total		\$5.52	NA		
82248		Bilirubin Direct		\$5.52	NA		
82310		Assay Of Calcium		\$2.87	NA		
82374		Assay Blood Carbon Dioxide		\$2.98	NA		
82435		Assay Of Blood Chloride		\$2.51	NA		
82465		Assay Bld/Serum Cholesterol		\$2.65	NA		
83540		Assay Of Iron		\$3.96	NA		
83615		Lactate (Ld) (Ldh) Enzyme		\$3.60	NA		
83735		Assay Of Magnesium		\$4.08	NA		
84075		Assay Alkaline Phosphatase		\$3.16	NA		
84100		Assay Of Phosphorus		\$2.51	NA		
84132		Assay Of Serum Potassium		\$2.81	NA		
84155		Assay Of Protein Serum		\$2.23	NA		
84160		Assay Of Protein Any Source		\$2.04	NA		
84295		Assay Of Serum Sodium		\$2.85	NA		
84450		Transferase (Ast) (Sgot)		\$3.15	NA		
84460		Alanine Amino (Alt) (Sgpt)		\$3.18	NA		
84478		Assay Of Triglycerides		\$3.52	NA		
84520		Assay Of Urea Nitrogen		\$2.25	NA		
84550		Assay Of Blood/Uric Acid		\$2.76	NA		
87260		Adenovirus Ag If		\$13.18	NA		
87265		Pertussis Ag If		\$13.18	NA		
87272		Cryptosporidium Ag If		\$13.18	NA		
87274		Herpes Simplex 1 Ag If		\$13.18	NA		
87276		Influenza A Ag If		\$13.18	NA		
87278		Legion Pneumophilia Ag If		\$13.18	NA		
87280		Respiratory Syncytial Ag If		\$13.18	NA		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
87285		Treponema Pallidum Ag If		\$13.18	NA		
87290		Varicella Zoster Ag If		\$13.18	NA		
87299		Antibody Detection Nos If		\$13.18	NA		
88325		Comprehensive Review Of Data	P	\$105.59	\$87.36		
88329		Path Consult Introp	P	\$29.32	\$21.00		
99151		Mod sed same phys/qhp <5 yrs	A	\$43.19	\$13.27		0 through 4 years
99152		Mod sed same phys/qhp 5/>yrs	A	\$28.72	\$6.93		5 through 124 years
99153		Mod sed same phys/qhp ea	A	\$6.14	NA		
99201		Office/Outpatient Visit New	P	\$24.56	\$15.06		
99202		Office/Outpatient Visit New	P	\$41.80	\$28.33		
99203		Office/Outpatient Visit New	P	\$60.42	\$42.99		
99204		Office/Outpatient Visit New	P	\$91.72	\$72.70		
99205		Office/Outpatient Visit New	P	\$115.49	\$94.69		
99211		Office/Outpatient Visit Est	P	\$11.29	\$5.15		
99212		Office/Outpatient Visit Est	P	\$24.37	\$14.26		
99213		Office/Outpatient Visit Est	P	\$40.81	\$28.53		
99214		Office/Outpatient Visit Est	P	\$60.02	\$43.98		
99215		Office/Outpatient Visit Est	P	\$80.82	\$62.20		
99221		Initial Hospital Care	P	NA	\$56.85		
99222		Initial Hospital Care	P	NA	\$76.66		
99223		Initial Hospital Care	P	NA	\$113.51		
99231		Subsequent Hospital Care		NA	\$21.99		
99232		Subsequent Hospital Care	P	NA	\$40.41		
99233		Subsequent Hospital Care	P	NA	\$58.44		
99241		Office Consultation		\$26.55	\$18.23		
99242		Office Consultation		\$49.92	\$38.23		
99243		Office Consultation		\$68.34	\$53.49		
99244		Office Consultation		\$102.22	\$85.98		
99245		Office Consultation		\$124.60	\$106.38		
99251		Inpatient Consultation		NA	\$27.34		
99252		Inpatient Consultation		NA	\$41.80		
99253		Inpatient Consultation		NA	\$64.18		
99254		Inpatient Consultation		NA	\$93.31		
99255		Inpatient Consultation		NA	\$112.52		
99281		Emergency Dept Visit		NA	\$11.89		
99281	UA	Emergency Dept Visit		NA	\$97.06		
99281	UD	Emergency Dept Visit		NA	\$50.44		
99282		Emergency Dept Visit		NA	\$23.18		
99282	UA	Emergency Dept Visit		NA	\$97.06		
99282	UD	Emergency Dept Visit		NA	\$50.44		
99283		Emergency Dept Visit		NA	\$34.67		
99283	UA	Emergency Dept Visit		NA	\$97.06		
99283	UD	Emergency Dept Visit		NA	\$50.44		
99284		Emergency Dept Visit		NA	\$65.77		
99284	UA	Emergency Dept Visit		NA	\$97.06		
99284	UD	Emergency Dept Visit		NA	\$50.44		
99285		Emergency Dept Visit		NA	\$97.07		
99285	UA	Emergency Dept Visit		NA	\$97.06		
99285	UD	Emergency Dept Visit		NA	\$50.44		
D0120		Periodic oral evaluation		\$14.89	#		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
D0140		Limit oral eval problm focus		\$14.89	#		
D0145		Oral Evaluation, Pt < 3yrs		\$14.89	#		
D0150		Comprehensve oral evaluation		\$18.90	NA		0 through 18 years
D0150		Comprehensve oral evaluation		\$14.89	NA		19 through 124 years
D0190		Screening Of A Patient		\$14.89	NA		
D0210		Intraor Complete Film Series		\$40.95	#		0 through 18 years
D0210		Intraor Complete Film Series		\$25.62	#		19 through 124 years
D0220		Intraoral Periapical First		\$3.63	#		
D0230		Intraoral Periapical Ea Add		\$3.15	#		
D0240		Intraoral Occlusal Film		\$3.63	#		0 through 20 years
D0330		Panoramic Image		\$17.56	#		5 through 124 years
D1206		Topical Fluoride Varnish		\$9.00	NA		0 through 2 years
D1206		Topical Fluoride Varnish		\$13.23	NA		3 through 15 years
D2920		Re-cement or re-bond crown		\$11.69	#		
D4355		Full mouth debridement		\$43.26	NA		
D5982		Surgical Stent		\$627.00	#	Y	Covered for CSHCS only
D5988		Surgical Splint		\$627.00	#	Y	Covered for CSHCS only
D6010		Odontics Endosteal Implant		\$1,468.00	#	Y	Covered for CSHCS only
D6080		Implant Maintenance		\$112.00	#		Covered for CSHCS only
D6081		Scale & debride, single imp	A	\$112.00	#		Covered for CSHCS only
D6095		Odontics Repr Abutment		M	#	Y	Covered for CSHCS only
D6100		Removal Of Implant		M	#	Y	Covered for CSHCS only
D6199		Implant Procedure		M	#	Y	Covered for CSHCS only
D7111		Extraction Coronal Remnants		\$23.39	#		
D7140		Extraction Erupted Tooth/Exr		\$44.47	#		0 through 18 years
D7140		Extraction Erupted Tooth/Exr		\$25.62	#		19 through 124 years
D7210		Rem Imp Tooth W Mucoper Flp		\$99.23	#		0 through 18 years
D7210		Rem Imp Tooth W Mucoper Flp		\$33.43	#		19 through 124 years
D7220		Impact Tooth Remov Soft Tiss		\$117.60	#		0 through 18 years
D7220		Impact Tooth Remov Soft Tiss		\$52.65	#		19 through 124 years
D7230		Impact Tooth Remov Part Bony		\$158.03	#		0 through 18 years
D7230		Impact Tooth Remov Part Bony		\$87.74	#		19 through 124 years
D7240		Impact Tooth Remov Comp Bony		\$190.37	#		0 through 18 years
D7240		Impact Tooth Remov Comp Bony		\$116.99	#		19 through 124 years
D7250		Tooth Root Removal		\$43.37	#		0 through 18 years
D7250		Tooth Root Removal		\$23.39	#		19 through 124 years
D7260		Oral Antral Fistula Closure		\$257.25	#		
D7261		Primary Closure Sinus Perf		\$171.50	#		
D7310		Alveoplasty w/ extraction		\$99.23	#		
D7471		Rem exostosis any site		\$87.74	#		
D9223		General Anesthesia Each 15m		\$40.56	#		
D9243		Iv Sedation Each 15m		\$40.56	#		
D9999		Adjunctive procedure		M	#	Y	
G0406	GT	Inpt/Tele Follow Up 15	P	NA	\$21.59		
G0407	GT	Inpt/Tele Follow Up 25	P	NA	\$40.21		
G0408	GT	Inpt/Tele Follow Up 35	P	NA	\$57.85		
G0425	GT	Inpt/Ed Teleconsult 30	P	NA	\$55.67		
G0426	GT	Inpt/Ed Teleconsult 50	P	NA	\$75.67		
G0427	GT	Inpt/Ed Teleconsult 70	P	NA	\$112.72		
G0459	GT	Telehealth Inpt Pharm Mgmt	P	NA	\$22.98		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Oral Maxillofacial Surgeon Database
January 2017

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
G0508	GT	Crit care telehea consult 60	A	NA	\$111.13		
G0509	GT	Crit care telehea consult 50	A	NA	\$107.17		
J0153		Adenosine Inj 1mg	P	\$0.60	NA		
J0171		Adrenalin Epinephrine Inject	P	\$0.34	NA		
J0290		Ampicillin 500 Mg Inj	P	\$1.26	NA		
J0461		Atropine Sulfate Injection	P	\$0.06	NA		
J0561		Penicillin G Benzathine Inj	P	\$10.66	NA		
J0690		Cefazolin Sodium Injection	P	\$1.00	NA		
J1130		Inj diclofenac sodium 0.5mg	A	M	NA		18 to 124 years
J1890		Cephalothin Sodium Injection		M	NA		
J2010		Lincomycin Injection	P	\$12.21	NA		
J2510		Penicillin G Procaine Inj	P	\$28.04	NA		
J2700		Oxacillin Sodium Injeciton	P	\$1.78	NA		
J3070		Pentazocine Injection	P	\$140.49	NA		
J3410		Hydroxyzine Hcl Injection	P	\$2.02	NA		
J7608		Acetylcysteine Non-Comp Unit	P	\$4.26	NA		
J7648		Isoetharine Non-Comp Con		M	NA		
J7649		Isoetharine Non-Comp Unit		M	NA		
J7658		Isoproterenol Non-Comp Con		M	NA		
J7659		Isoproterenol Non-Comp Unit		M	NA		
J9999		Chemotherapy Drug		M	NA		Documentation Required
Q4101		Apligraf	P	\$31.01	NA		
Q4102		Oasis Wound Matrix	P	\$11.02	NA		
Q4106		Dermagraft	P	\$32.78	NA		18 to 124 years
Q4107		Graftjacket	P	\$91.30	NA		
Q4110		Primatrix		\$50.72	NA		
Q4121		Theraskin	P	\$43.35	NA		

* CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.